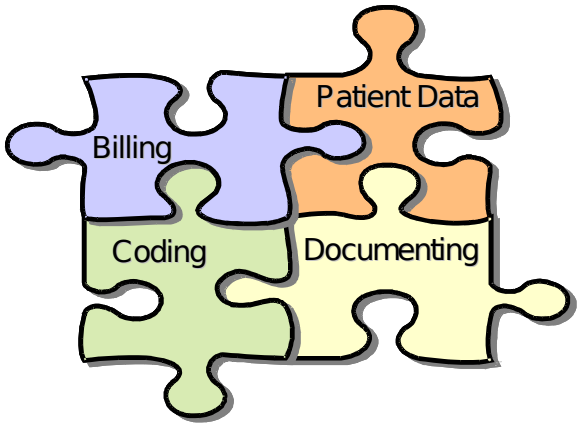
CORE COMPETENCIES

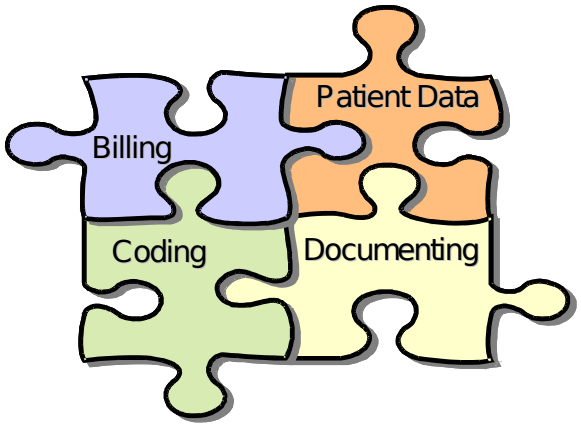
2005 UBU/UBO Conference

Thursday - May 19



1. Obstetrical Coding Civilian vs. Military (Plager , Emily)
2. Coding Potpourri – CHCS II Coder Notes (McCul lough)
3. Coders are from VENUS and Billers are from MARS - When Coding and Billing Colli de (James, Ron)
4. Coding Compliance Plans (Stalely, Royce)
5. Wrap-Up (Yoder, Lt Col Jeanne)

CORE COMPETENCIES



Obstetrical Coding Civilian vs. Military

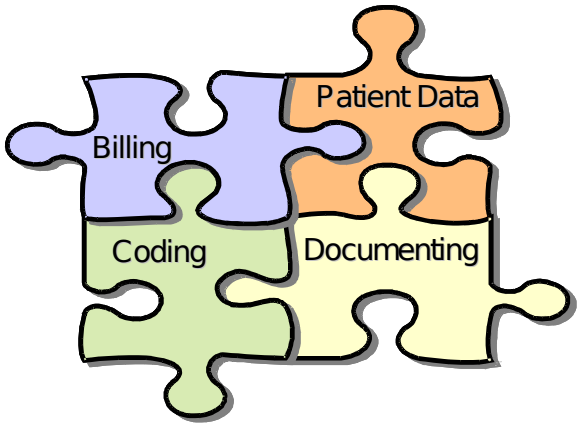
Emily B. Plager, CPC

19 May 2005

Track 1, UBU

CORE COMPETENCIES

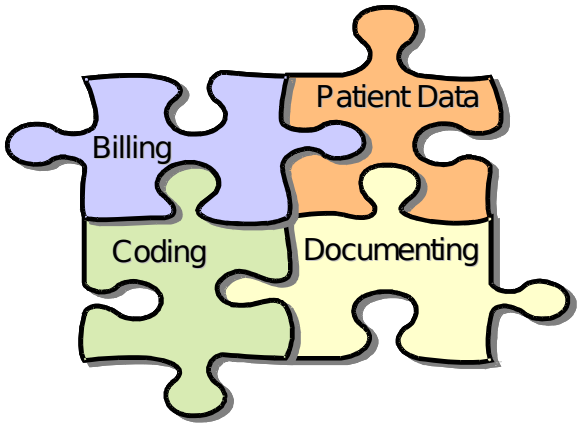
Objectives



- Review ICD-9 - CM Coding principles
- Understand CPT civilian and military coding differences
- Unravel DoD Obstetrical Coding Guidelines

CORE COMPETENCIES

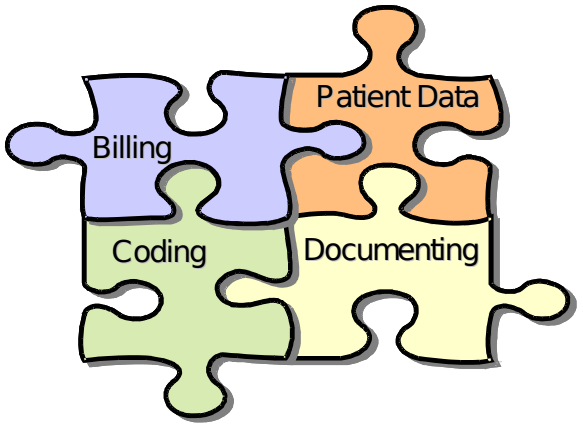
Pregnancy – How is it measured?



- 3 segments of time
  - First Trimester
  - Second Trimester
  - Third Trimester

CORE COMPETENCIES

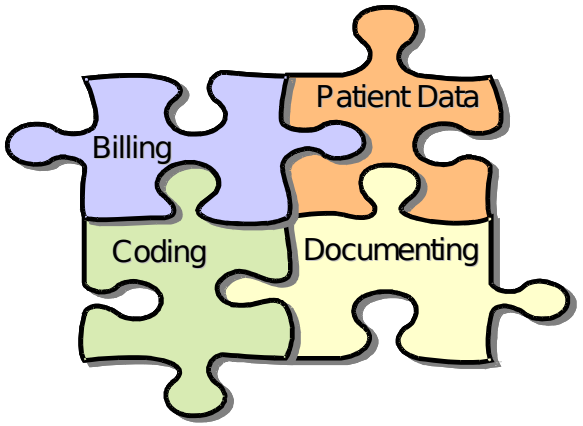
Obstetrics ICD-9-CM Coding



- **Categories 630-676 in Chapter 11 of ICD-9-CM**
- **Codes from 630 – 639 are assigned for ectopic pregnancy, molar pregnancy and abortion (induced or spontaneous)**
- **Codes from 640 – 676 apply throughout pregnancy, from conception through 42 days (6 weeks) after delivery**
  - **640-648 Complications mainly related to pregnancy**
  - **650 – 659 Normal delivery and other indications for care in pregnancy, labor and delivery**
  - **660-669 Complications during the course of labor and delivery**
  - **670-676 Complications during the puerperium**

CORE COMPETENCIES

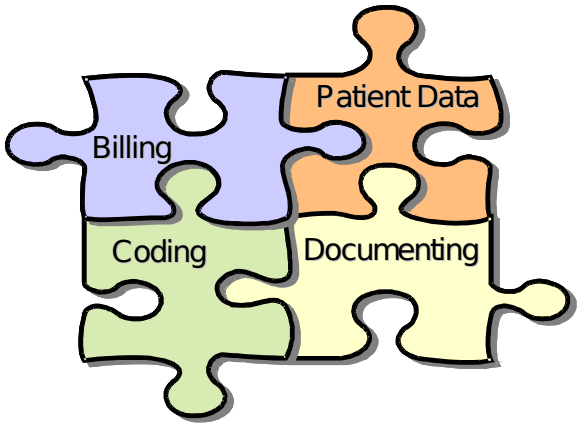
ICD-9 Coding For Abortions in the Military Healthcare System



- Use of the following codes should be carefully scrutinized:
  - 635, Legally induced abortion
  - 636, Illegally induced abortion
  - 637, Unspecified Abortion
- Don’t use these codes without authorization from your Service coding representative

CORE COMPETENCIES

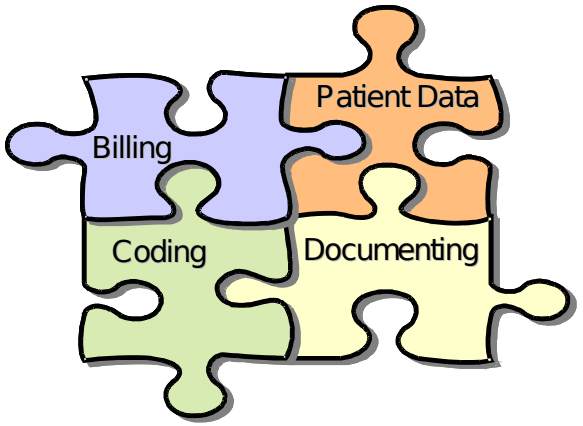
ICD-9 Coding For Abortions in the DoD (Cont):



- Basic rules that apply
  - Fifth-digit-1, Incomplete
  - Fifth-digit-2, complete
  - 635 requires additional code to identify the reason for the abortion
  - Codes 660-669 are not to be used for complication leading to the abortion
  - Category 639 will be used for all complications following abortions

CORE COMPETENCIES

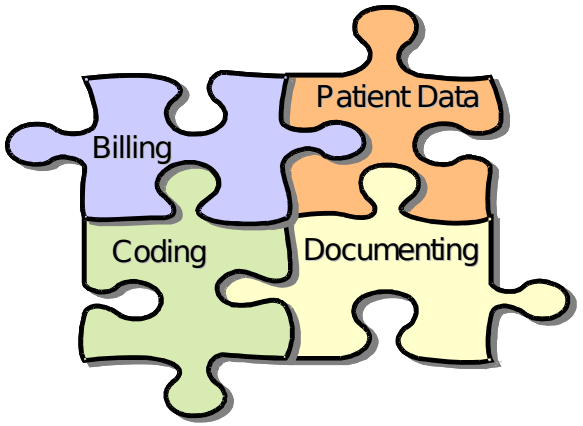
ICD-9 Coding For Abortions in the DoD (Cont):



- Retained products of Conception following an abortion assigned from:
  - Category 634, Spontaneous Abortion
  - Category 635, Legally Induced Abortion
  - Fifth-digit-1 will be applied
- Illegally Induced Abortion (636)
  - Not performed within prescribed statutes
  - Performed by an unqualified individual
  - Performed at an unauthorized location.

CORE COMPETENCIES

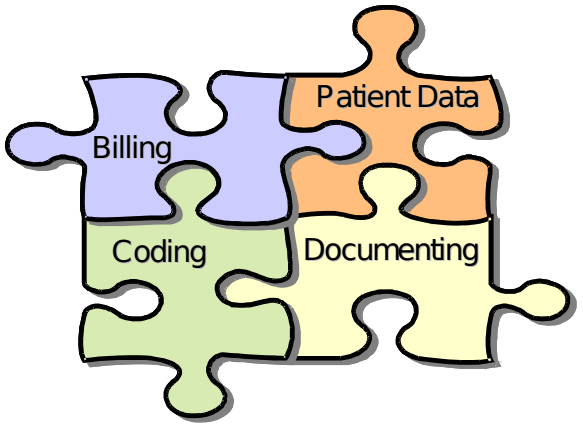
ICD-9 Coding For Abortions in the DoD (Cont):



- Unspecified Abortion (637)
  - No details about the abortion are available
  - Failed Abortion (638)
    - Patient still pregnant
- Abortion with Live Born Fetus
  - Assign 644.21, Early Onset of Delivery
  - Assign Outcome of Delivery V27.X

CORE COMPETENCIES

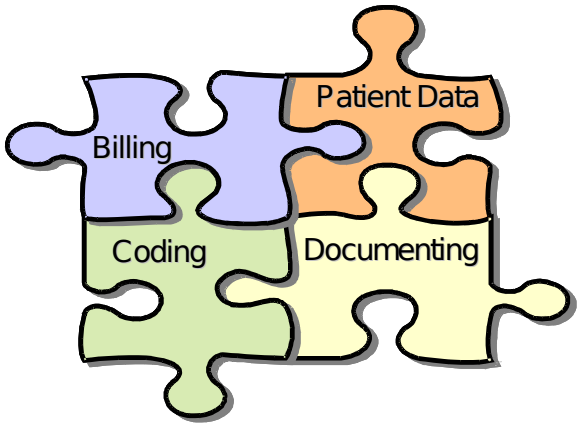
ICD-9-CM Coding of Complications



- Considerations for coding
  - Provider documentation
    - Must state that condition is not affecting the pregnancy or the pregnancy is not affecting the condition
  - Coder responsibility
    - Must code condition as a complication if provider does not state otherwise

CORE COMPETENCIES

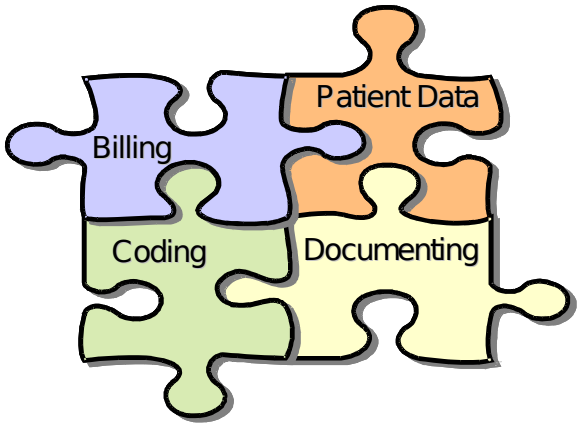
The Process of Labor and Delivery



- **Includes three stages**
  - **Stage 1: contractions and dilation**
  - **Stage 2: complete dilation and birth of infant**
  - **Stage 3: birth of baby through contraction of uterus**
- **Puerperium is through week six after delivery**

CORE COMPETENCIES

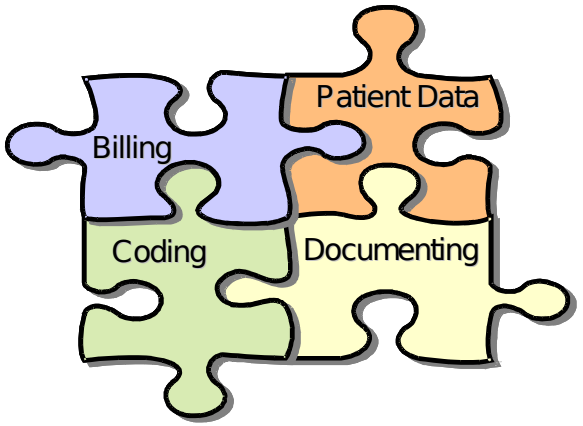
ICD-9-CM Coding for Extended Term Pregnancy



- 645.1x over 40 to 42 weeks
  - Does not happen very often
    - Unsure of dates
    - Cervix not ripe
- 645.2x beyond 42 weeks
  - Extremely rare
    - Cervix not ripe

CORE COMPETENCIES

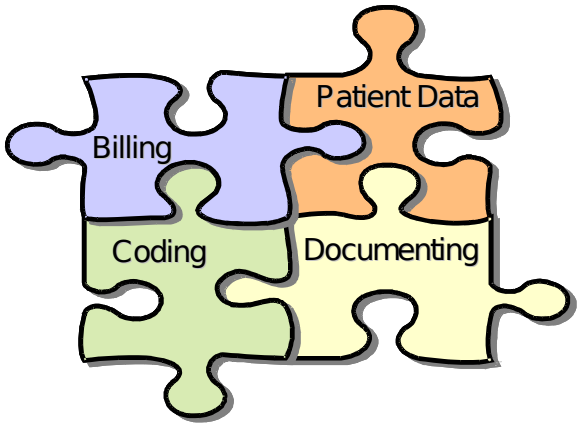
Fourth and Fifth-Digits



- 4th digits further identify the complication
- 5th digits identify episode of care
  - 1 delivered, with or without mention of antepartum condition
  - 2 delivered, with mention of postpartum condition
  - 3 antepartum condition or complication when delivery has not occurred
  - 4 postpartum condition or complication when delivery occurred during a previous episode of care

CORE COMPETENCIES

Outcome of Delivery

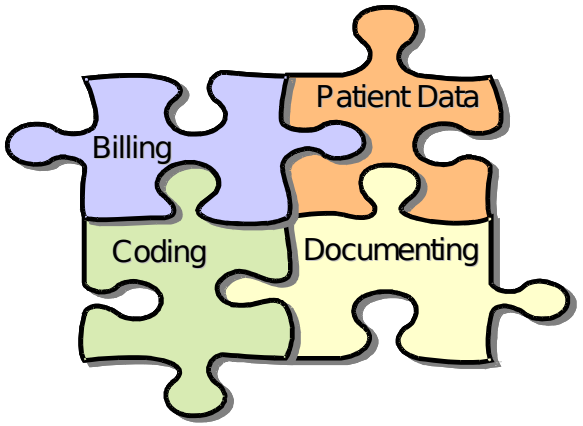


- V27 codes identify the outcome of the delivery in the hospital setting
  - 4th digits – single or multiple births and liveborn or stillborn

- Do not assign a code from V27 when the birth takes place outside of the hospital setting

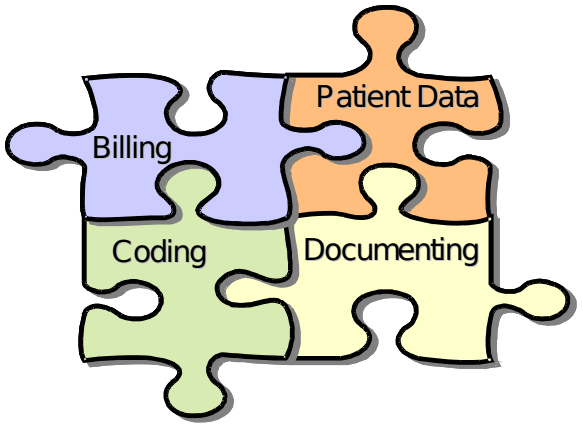
CORE COMPETENCIES

Primary Delivery Codes



- 650 – Normal delivery with a single liveborn
- Criteria to assign code 650
  - Presentation must be head or occipital
  - Resolved antepartum complication prior to admission
  - No abnormalities in labor or delivery
  - No procedures except
    - Episiotomy without forceps
    - Episiorrhaphy
    - Amniotomy
    - Manually assisted delivery without forceps
    - Administration of analgesics and/or anesthesia
    - Fetal monitoring
    - Induction of labor (in the absence of medical indications)
    - Sterilization
- Outcome of delivery must be a single live birth

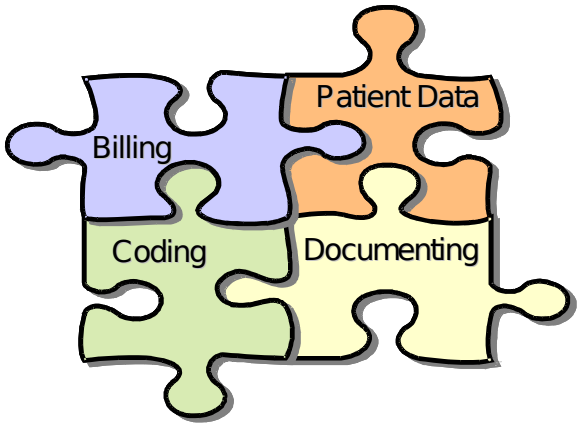
Primary Delivery Codes



- Admission with other delivery
- Principal diagnosis should represent the main circumstance or complication of the delivery
- Principal diagnosis for a cesarean delivery should correspond to the reason for the cesarean

CORE COMPETENCIES

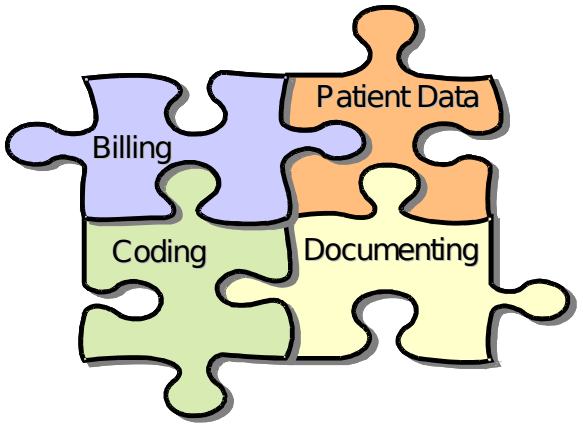
Admission for Other Obstetric Care



- V22.2, Incidental Pregnancy
  - Reason for admission or encounter is not related to the pregnancy
- V22.0, Supervision of normal first pregnancy
- V22.1, Supervision of other normal pregnancy
  - Use for routine, prenatal visits with no complication
- V65.11, Pediatric pre-birth visit for expectant mother
  - Visit to evaluate a pediatric office/provider
- V23.x, Supervision of high risk pregnancy
  - To be used a principal diagnosis
  - 4th digits indicate the reason the pregnancy is high risk

CORE COMPETENCIES

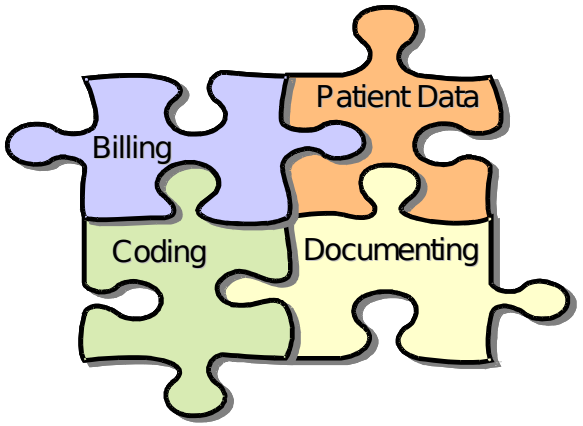
Admission for Other Obstetric Care (cont):



- V23.81- Elderly primigravida
- V23.82 – Elderly multigravida
  - 35 years of age or older
- V23.83 – Young primigravida
- V23.84 – Young multigravida
  - 16 years of age or under
- V24.0 – Postpartum care and examination immediately after delivery
  - Delivery outside the hospital with admission for routine postpartum care

CORE COMPETENCIES

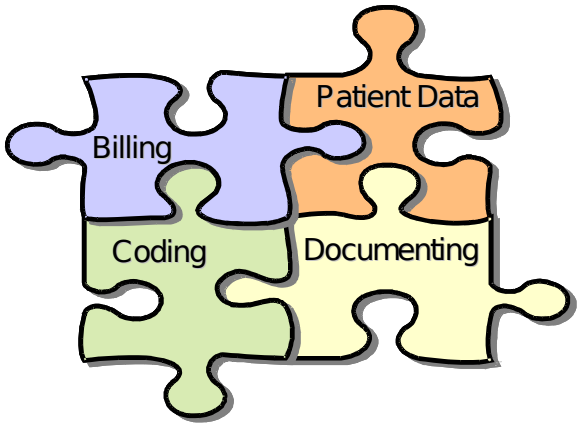
Fetal Conditions Affecting Management of Pregnancy



- 655 Category – Known or suspected fetal abnormality affecting management of the mother
- 656 Category – Other fetal and placental problems affecting management of the mother
- May be documented by diagnostic studies, observation, special care involved due to the problem or termination of the pregnancy

CORE COMPETENCIES

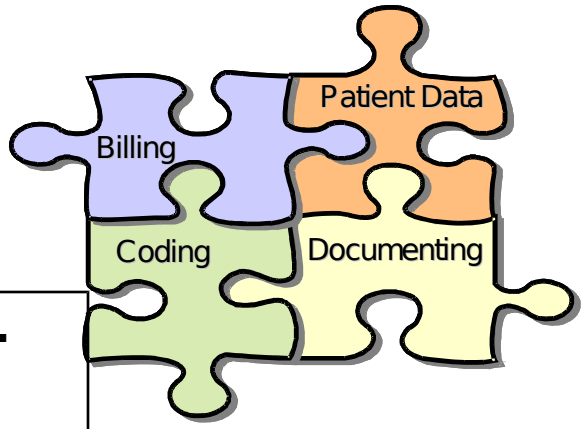
DoD Specifics



- **Uncomplicated (routine) obstetrics encounter**
  - **99499 in E & M field**
- **Complicated obstetrics encounter**
  - **New or Established Office visit codes**
- **DoD Rule: As policy, global OB codes which represent work in two different MEPRS codes and the bundled antepartum visit codes (59425 and 59426) are not coded in ADM**
  - **What does this mean?**

CORE COMPETENCIES

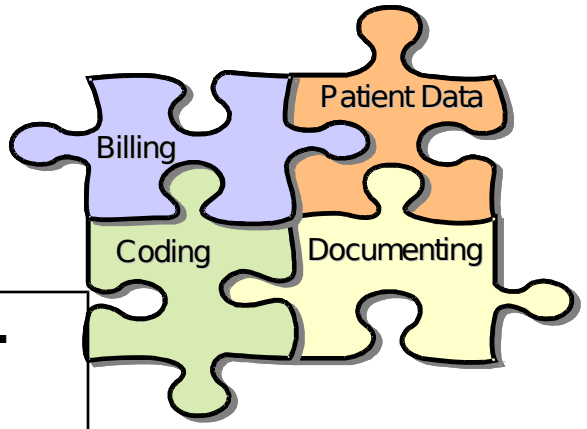
DoD Specifics (cont):



Civilian	DoD Prof. Outpatient Services	DoD Prof. Inpatient Services
59400	**0500F Initial visit 0502F Subsequent 59430 Postpartum**	**59409**
59410	**0500F Initial visit 0502F Subsequent 59430 Postpartum**	**59409**
59425	**0500F Initial visit 0502F Subsequent 59430 Postpartum**	**N/A**
59426	**0500F Initial visit 0502F Subsequent 59430 Postpartum**	**N/A**
59510	**0500F Initial visit 0502F Subsequent 59430 Postpartum**	**59514**

CORE COMPETENCIES

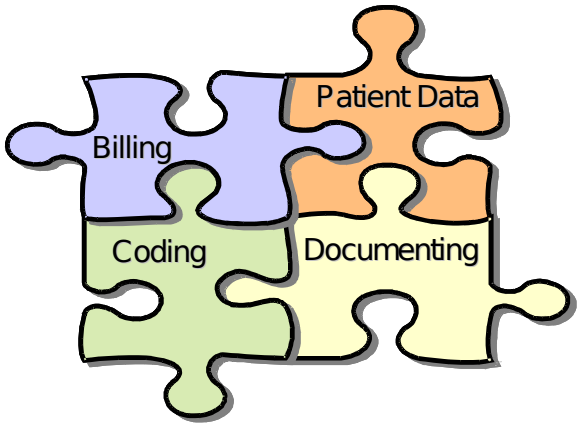
DoD Specifics (cont):



Civilian	DoD Prof. Outpatient Services	DoD Prof. Inpatient Services
59515	0500F Initial visit 0502F Subsequent 59430 Postpartum	59514
59610	0500F Initial visit 0502F Subsequent 59430 Postpartum	59612
59614	0500F Initial visit 0502F Subsequent 59430 Postpartum	59612
59618	0500F Initial visit 0502F Subsequent 59430 Postpartum	59620
59622	0500F Initial visit 0502F Subsequent 59430 Postpartum	59620

CORE COMPETENCIES

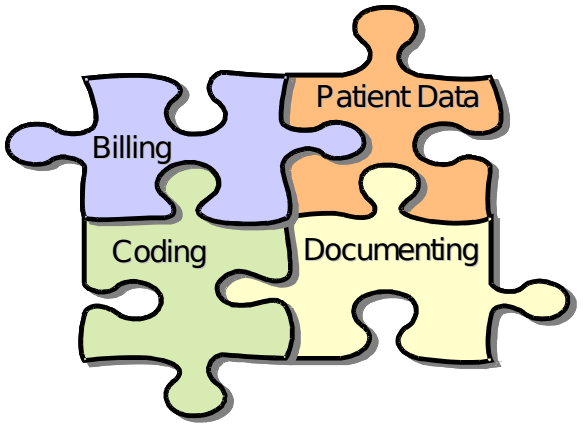
Postpartum Visits



- 59430 – Uncomplicated outpatient visit until six weeks postpartum

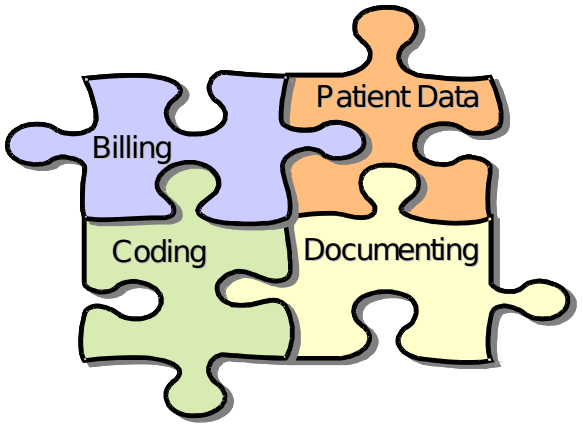
CORE COMPETENCIES

Do Not Code Separately



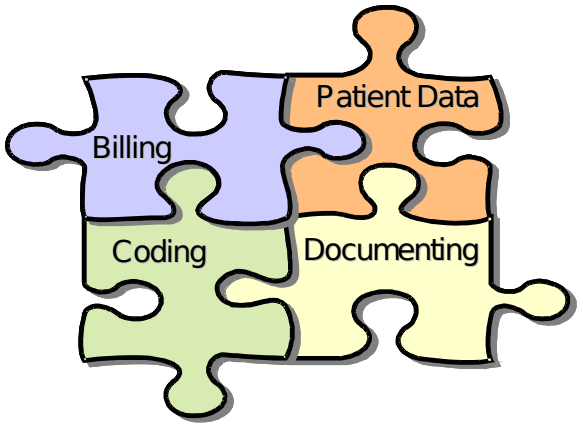
- Ascultation of fetal heart tones
- Screening fundal height
- Screening for HTN disorders
- Assessing inappropriate weight gain
- Educate about symptoms of preterm labor
- Review for development of contraindications
- Assessment of fetal kick counts
- Routine ultrasound (16-24 weeks)

Do Not Code Separately



- Screening for HTN disorders
- Breast feeding education
- Exercise during pregnancy
- Influenza vaccine (season-related 6-20 weeks)

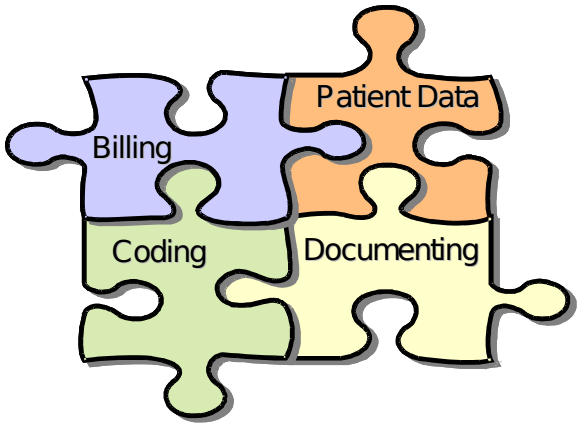
Do Not Code Separately



- Tobacco use, alcohol use, drug abuse
- Domestic abuse
- Anti-D/non-anti-D antibiotics
- Rubella, varicella, hepatitis B, syphilis RPR), asymptomatic bacteriruia
- HIV – counsel
- Immunization – Td booster (1st trimester), Hepatitis B (1st trimester)

CORE COMPETENCIES

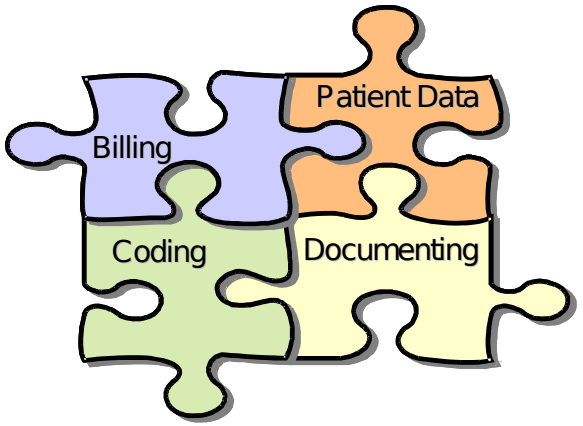
Do Not Code Separately



- Assessing weight gain (inappropriate)
- Auscultation fetal heart tones
- Screening fundal height
- Screening for gonorrhea and Chlamydia
- Screening for cervical cancer
- Counseling for cystic fibrosis screening

CORE COMPETENCIES

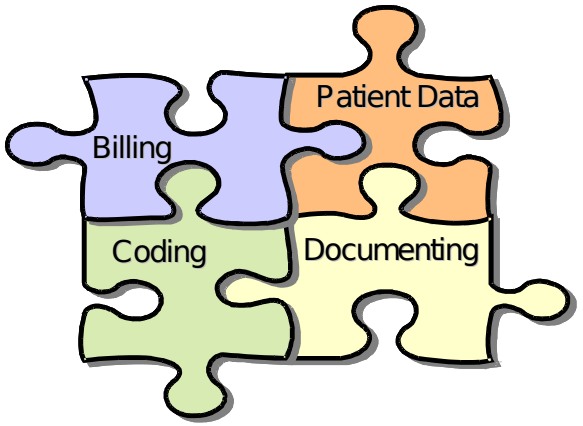
Do Not Code Separately



- Assessing weight gain (inappropriate)
- Auscultation fetal heart tones
- Screening fundal height
- Screen for domestic abuse
- Maternal serum analyte screening
- Routine ultrasound
- Counseling for family planning
- Educate regarding preterm labor

CORE COMPETENCIES

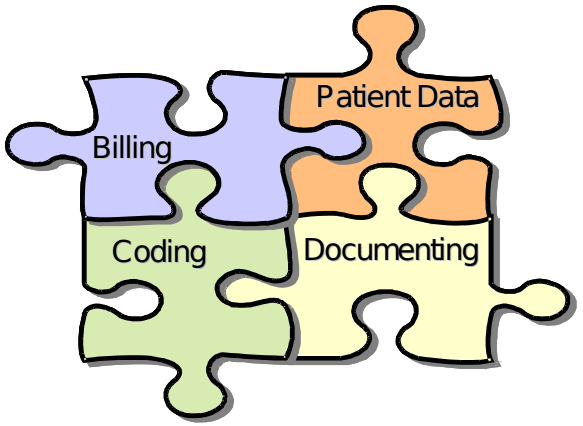
Do Not Code Separately



- Assessing weight gain (inappropriate)
- Auscultation fetal heart tones
- Screening fundal height
- Screen for domestic abuse (week 32)
- Asses for preterm labor
- Daily fetal movement counts
- Screening for gestational diabetes
- Iron supplementation
- Anti-D prophylaxis for Rh-negative women
- Screening for Group B Streptococcal (GBS) (week 36)
- Assessment of fetal presentation (week 36)

CORE COMPETENCIES

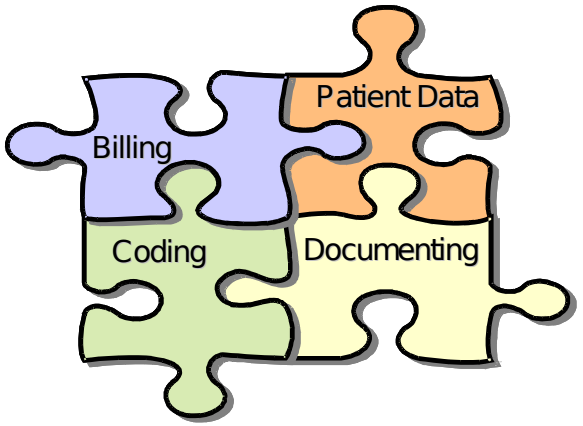
Do Not Code Separately



- Assessing weight gain (inappropriate)
- Auscultation fetal heart tones
- Screening fundal height
- Weekly cervical check (stripping)
- Post-dates antenatal fetal testing

CORE COMPETENCIES

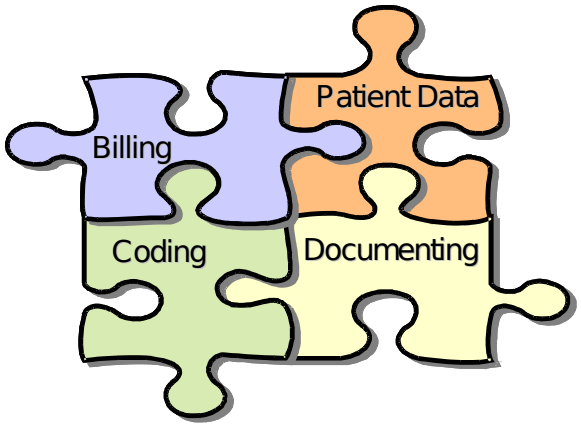
Non-Routine Encounters



- Use of E&M codes
  - Must impact care furnished at **routine** encounter
  - Assign in addition to 0500F and 0502F
  - Do not assign modifier –25

CORE COMPETENCIES

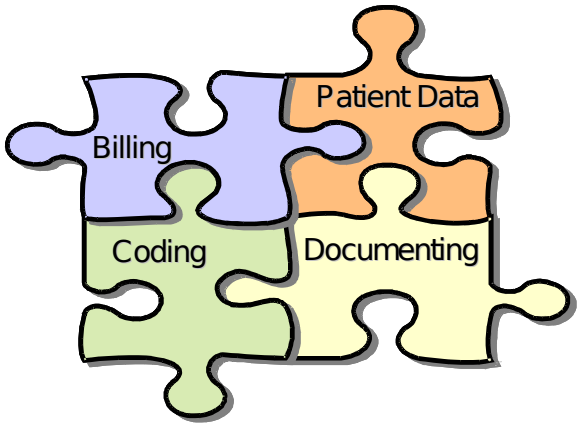
Issues that could impact care



- Pre-existing diabetes
- Gestational diabetes mellitus (GDM)
- Pregnancy induced hypertensions/pre-eclampsia
- Fetal anomaly or abnormal presentation (greater than or equal to 36 weeks)
- Multiples
- Placenta previa
- Chronic hypertension
- Systemic disease that requires ongoing care (e.g., severe asthma, lupus, inflammatory bowel disease)
- Drug Abuse
- HIV (or abnormal screen)

CORE COMPETENCIES

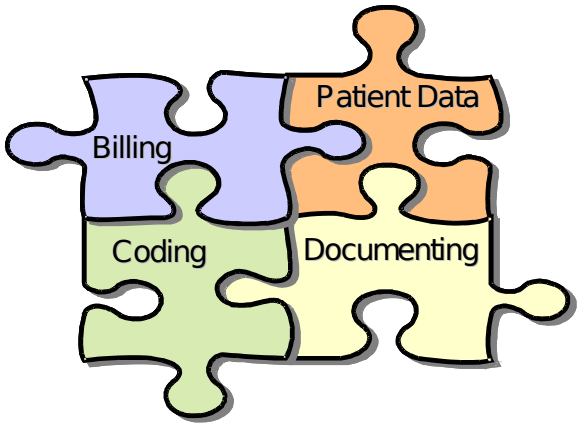
Issues that could impact care (cont):



- Extra procedures/screening/time documented due to:
  - Age (<16 or >40 years at delivery) constituting the use of the ICD-9-CM codes 659.5 or 659.6
  - Past complicated pregnancy
  - Prior preterm deliver (<37 weeks)
  - Prior preterm labor requiring admission (e.g., early cervical change)
  - Intrauterine fetal demise (IUFD) – 10 weeks after cardiac activity was first noted
  - Prior cervical/uterine surgery
  - Fetal anatomic abnormality (e.g., open neural tube defects in prior child or first degree relative)
  - Abnormal fetal growth
  - Preterm labor requiring admission (I.e., regular uterine contractions and cervical change)

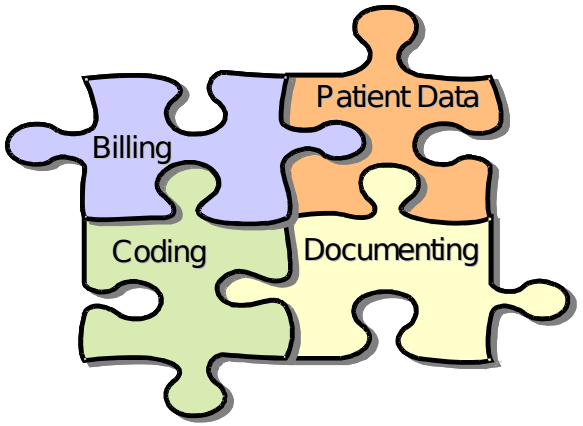
CORE COMPETENCIES

Issues that could impact care (cont):



- Extra procedures/screening/time documented due to (cont):
  - Abnormal amniotic fluid
  - 2nd or 3rd trimester bleeding
  - Relative Body Mass Index (BMI) <16.5
  - Hematologic disorders
  - Severe anemia (<24 percent hematocrit)
  - Cancer
  - Seizure disorders
  - Recurrent urinary tract infections

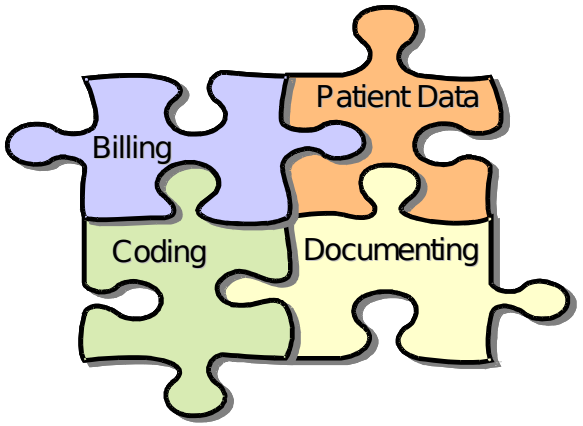
Issues that could impact care (continued)



- Extra procedures/screening/time documented due to (cont):
  - Substance use disorders (alcohol/tobacco)
  - Eating disorders
  - Surgery
  - Abnormal screen – antibody, hepatitis, syphilis, and PAP
  - Abnormal maternal serum analyte test
  - Current mental illness requiring medical therapy

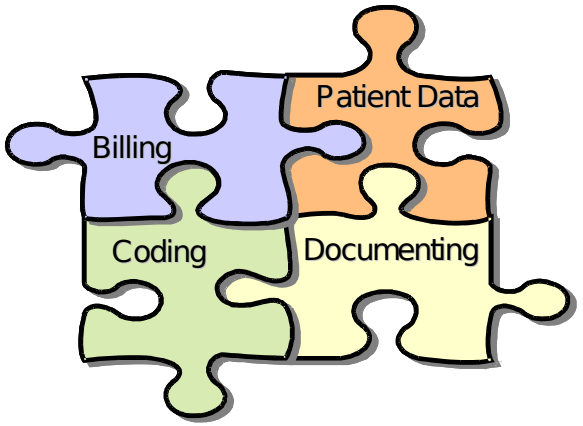
CORE COMPETENCIES

Code Separately



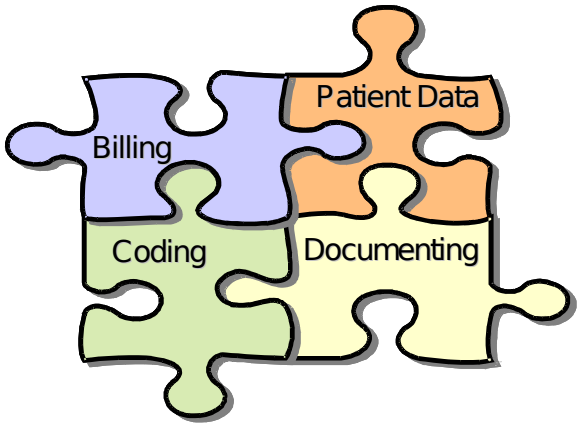
- Echography or echocardiography
- Fetal biophysical profile
- Amniocentesis, cordocentesis
- Chorionic villus sampling
- Fetal contraction stress test
- Fetal non-stress test
- Hospital admission and observation for preterm labor (if within 2 hours of delivery, part of delivery)
- Management of surgical problems arising during pregnancy (e.g., appendicitis, incompetent cervix, ruptured uterus)

Code Separately (cont)



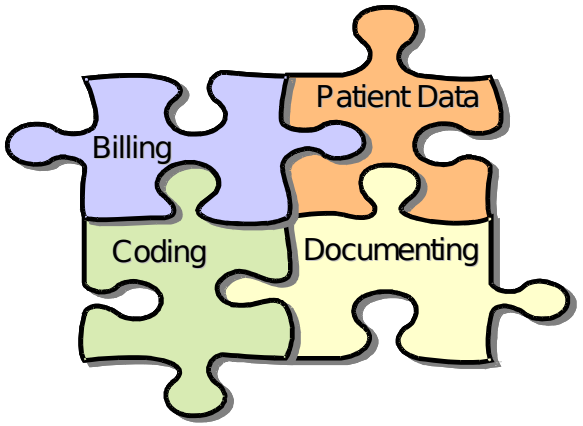
- Insertion of cervical dilator by physician
- External cephalic version (if done in the clinic)
- Administration of RH immune glbulin
- Cerclage of cervix, during pregnancy; vaginal or abdominal

Post Partum encounters



- Definition: Women who receive care on or between 21 and 56 days after delivery
  - ICD-9-CM = V24.2 and V24.1 (if lactating mother with no problems)
  - E&M = 99499
  - CPT/HCPCS = 59430, Q0091
    - Tests: Cervical smear, pelvic exam, breast exam
    - Topics addressed: Contraception, postpartum depression, feeding method, sexual activity, weight, exercise, woman's assessment of her adaptation to motherhood

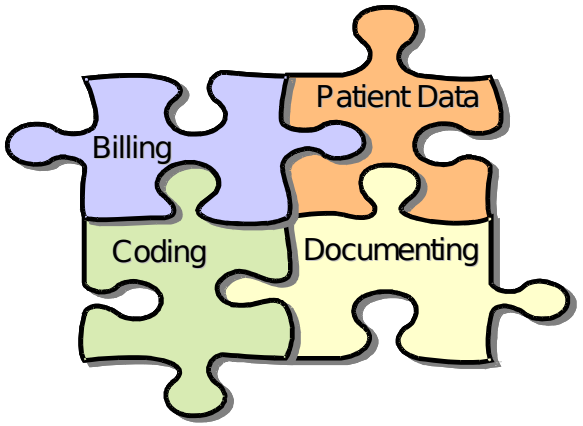
Post Partum Encounters (continued)



- Non-routine post partum issues:
  - Disruption of wounds
  - Infections of breast and nipples
  - Disorders of lactation
  - Etc.
- To code non-routine Post Partum issues
  - ICD-9-CM = codes usually between 670 and 677. If lactating mother, code also V24.1
  - E&M = 9921x, modifier –25 indicating that postpartum care was also given
  - CPT/HCPCS = 59430, Q0091

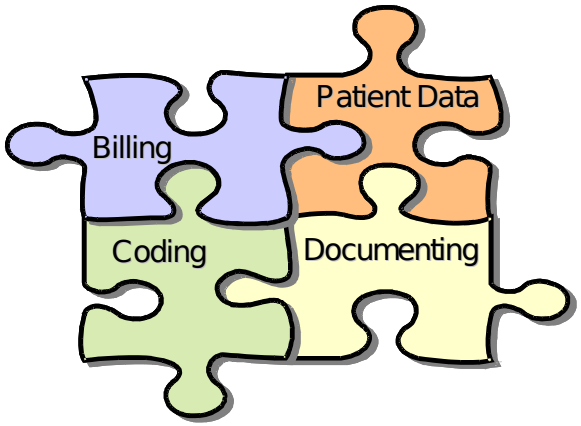
CORE COMPETENCIES

Summary



- Review ICD-9 - CM Coding principles
- Understand CPT civilian and military coding differences
- Unravel DoD Obstetrical Coding Guidelines
  - Provider must state a condition is not complicating pregnancy or the pregnancy is not complicating a condition
  - DoD does not utilize global coding of the medical record for antepartum or L & D

CORE COMPETENCIES



Questions?

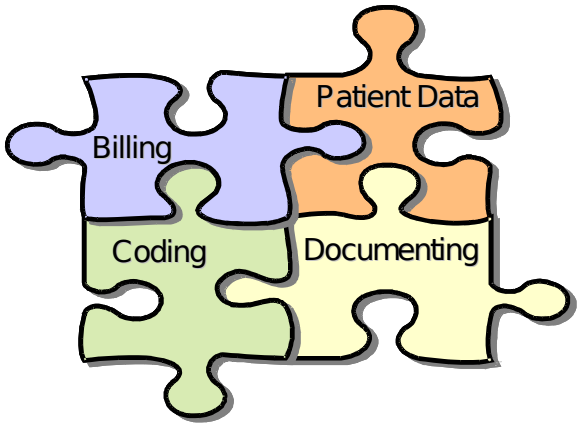
Thank You

and

Happy Coding!

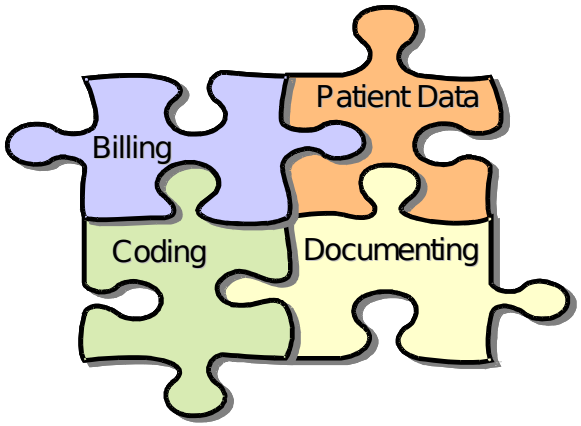
CORE COMPETENCIES

Coding Potpourri – CHCS II Coder Notes



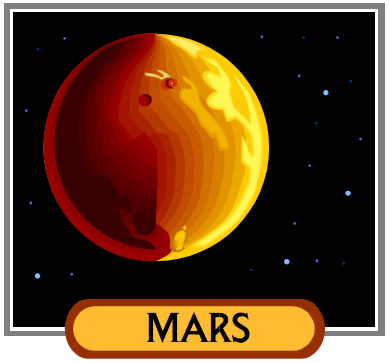
There were no handouts for this session. The session was a demonstration of the CHCS II system. The following slides briefly describe what was presented.

If you have questions, please contact CDR McCullough

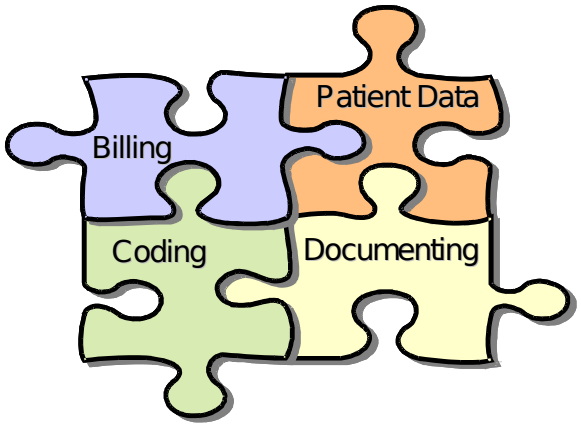


Coders are from VENUS and Billers are from MARS When Coding and Billing Collide

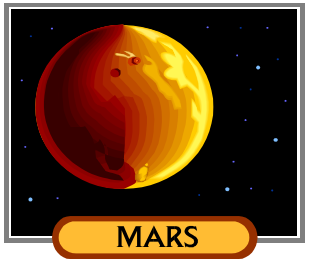
Presented by:
Mr. Ron James
Chief, Data Analysis Section
PASBA



Versus

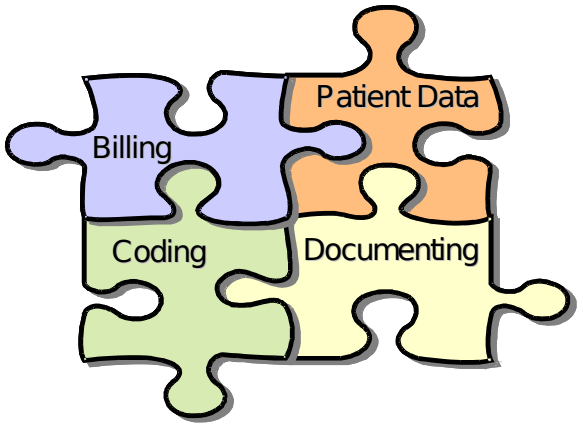


- Coding and Billing use the same data sources to produce output :
  - Workload accounting
  - Billing for services rendered
- **Both outputs are important and of value to your facility**
- The critical issue is how we see the same event from different perspectives!



CORE COMPETENCIES

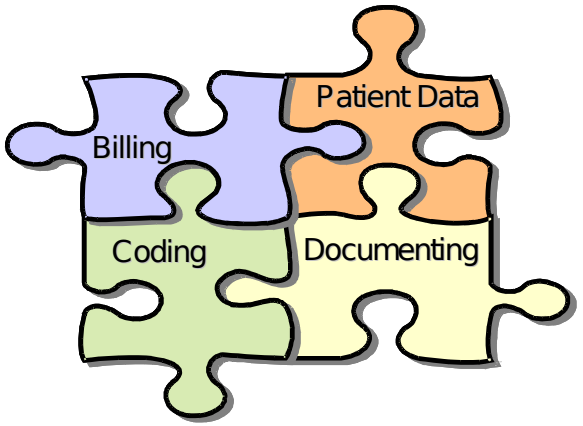
Scenario 1



- A 48 y/o patient who has undergone a Cholesectomy as an Ambulatory Procedure Visit. During the operation the patient develops some complications. The decision post-operatively is to admit the patient.
- Question: How do we account for the workload and billing for this care?

CORE COMPETENCIES

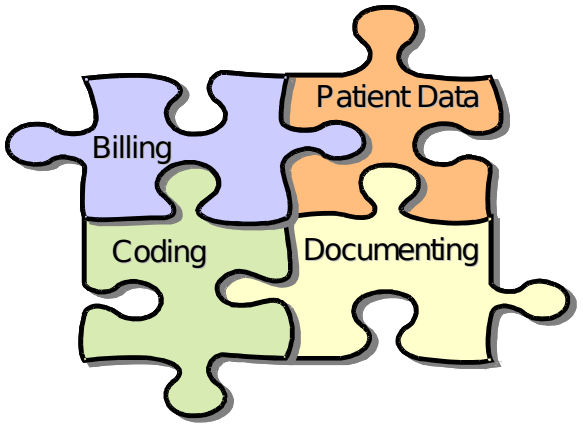
Purpose



- The Purpose of this presentation to acknowledge the how the same data is used in multiple ways for valid purposes yet collide in the operational use of the data

CORE COMPETENCIES

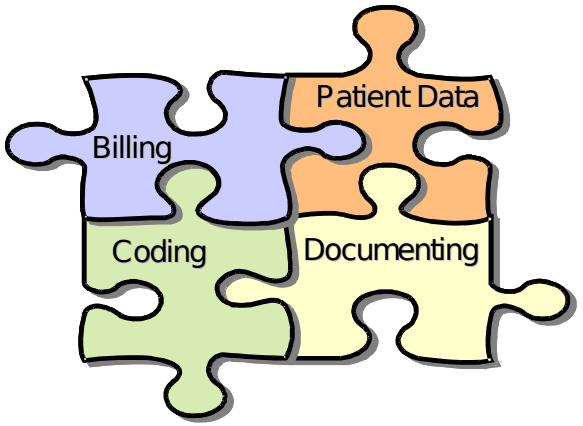
Objectives



- Identify areas when use of the data collides using scenario-based examples
- Provide means for conflict resolution between data users
- Identify other issues for Tri-Service intervention or clarification

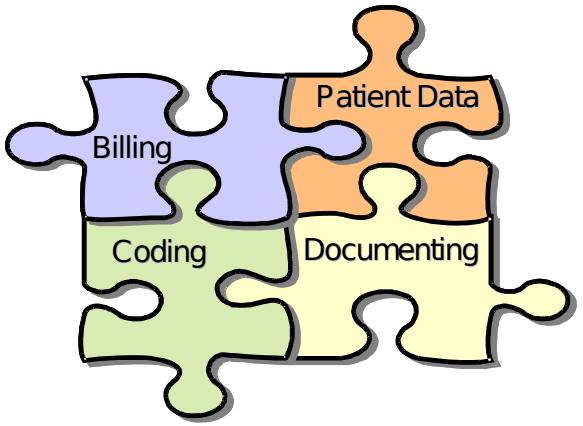
CORE COMPETENCIES

Scenario 2



- An 86 y/o patient presents to the Emergency Room and is diagnosed with pneumonia by the ER physician. The patient is seen by an Internist in the ER and admitted to the hospital.
- Question: How do we account for the workload and billing for this care?

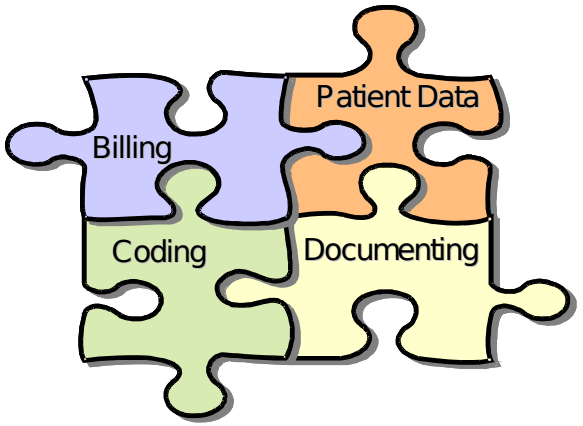
Scenario 3



- A 17y/o patient is seen in Physical Therapy for strengthening exercises after re-construction of the knee. The patient is has been assessed by the Physical Therapist and today is only seeing the PT Technician only for exercises.
- Question: How do we account for the workload and billing for this care?

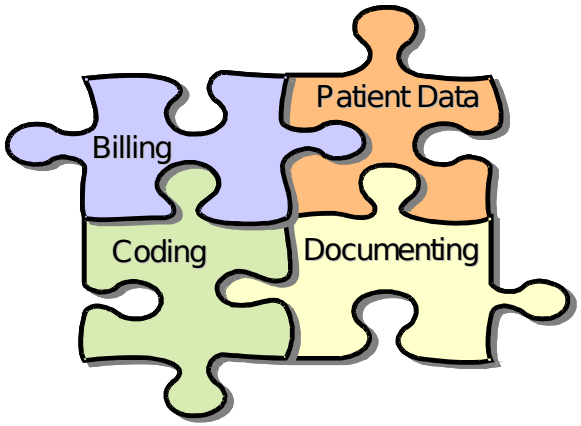
CORE COMPETENCIES

Scenario 4



- A 52 y/o patient is seen in the Coumadin Clinic to monitor their bleeding times. the patient comes into the clinic in the morning has their blood work drawn and then they go home. The nurse for the clinic then calls them with any changes in dose or need for an appointment.
- Question: How do we account for the workload and billing for this care?

Versus

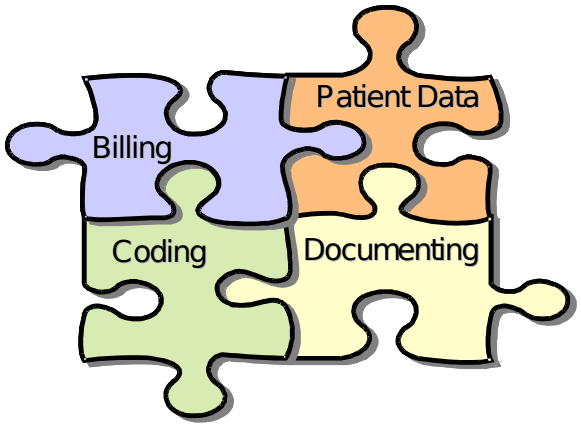


How do we reconcile the differences?

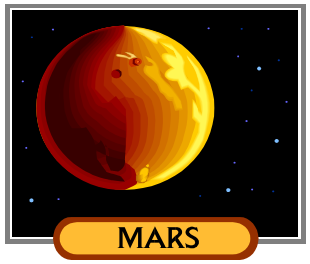
- Start with Current References at
  HTTP://Tricare.osd.mil
  UBU and UBO WebPages
- Contact Services representatives for clarification
- Internally, workout a process to manage the differences
- Finally, Communicate with each other and with your Services POCs

CORE COMPETENCIES

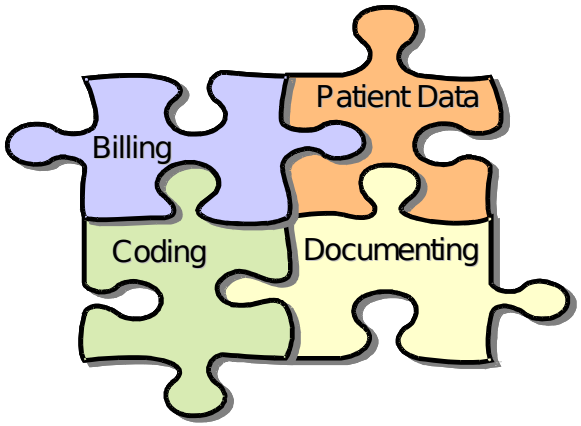
Versus



What are your Venus versus Mars experiences?



CORE COMPETENCIES



Coding Compliance Plans

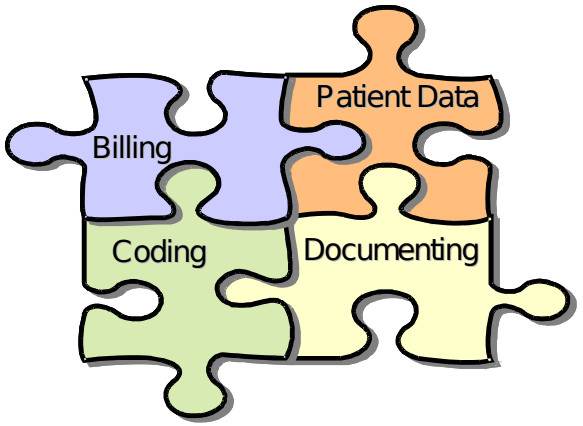
Royce L. Staley, RHIA, CCS

Thursday 19 May 05

Track (Track 1, UBU)

CORE COMPETENCIES

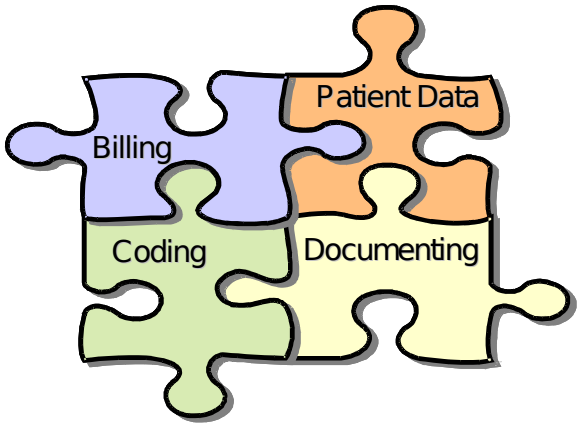
Objectives



- Know the main elements of a coding compliance plan
- Understand the tools to ensure compliance with your plan

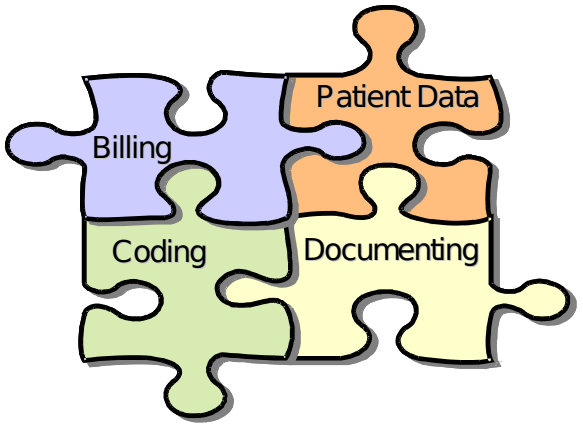
CORE COMPETENCIES

Know the main elements of a coding compliance plan
(1 of 3)



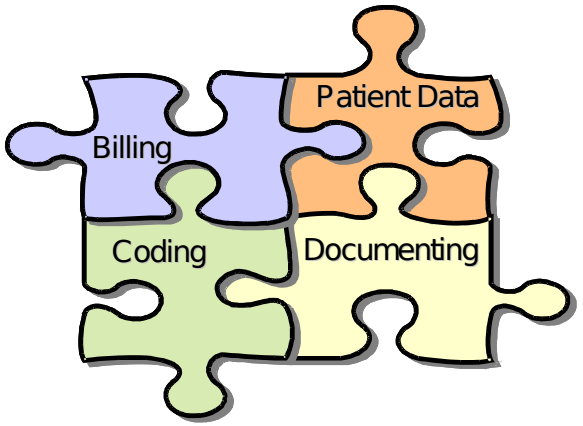
- Must have a general statement in your plan discussing your organizations commitment to compliant coding
- What is the source(s) of you facilities official coding guidelines?
- Does your organization have the appropriate resources?
  - UBU Professional Services Guidelines
  - ICD-9-CM Coding Clinic
  - CPT Assistant

Know the main elements of a coding compliance plan
(cont) 2 of 3



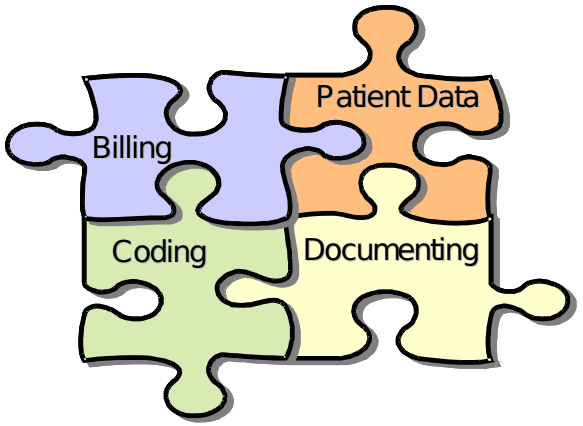
- Who is ultimately responsible for the code assignment in your facility?
- Procedures for how to obtain clarification on documentation issues
- Do you have different coding rules for different places within the facility?
- Do you have facility specific coding rules?

Know the main elements of a coding compliance plan
(cont) 3 of 3



- How do you correct coding errors?
  - Internal
  - External
- Coding of new procedures
- How do you resolve coding and documentation issues?
- How do you deal with claim rejections?
- Have a statement in your plan which states you will not modify or assign codes strictly based on maximizing reimbursement (RVU)

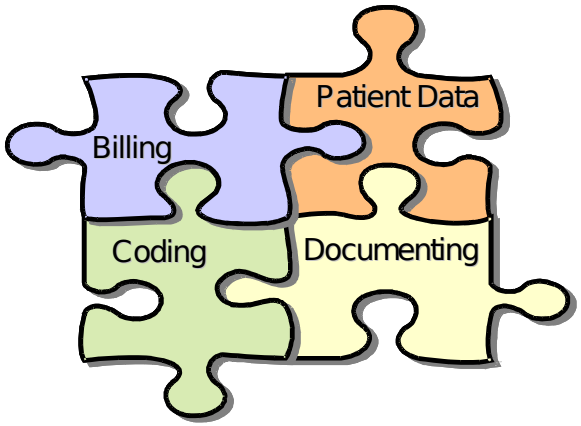
Understand the tools to ensure compliance with your plan (1 of 3)



- Develop coding policies and procedures
  - High Risk
  - High Volume
  - OIG Workplan
- Conduct Audits per your compliance plan
  - Trust but verify
  - Keep a documentation trail

CORE COMPETENCIES

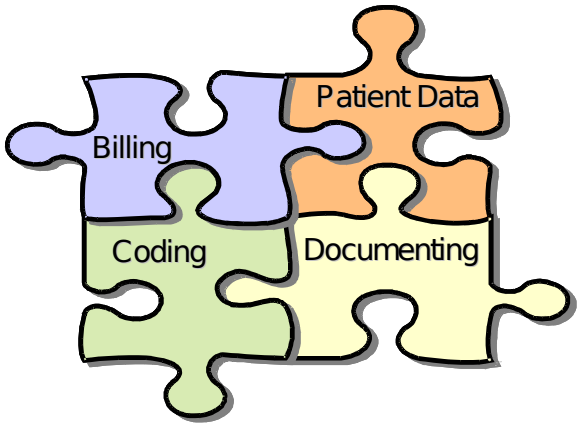
Understand the tools to ensure compliance with your plan (cont) 2 of 3



- Take action based upon audit results
  - Provide education to coders and providers
  - Revise policies
- Review OIG Workplan
  - Modifier issues
  - DRG issues

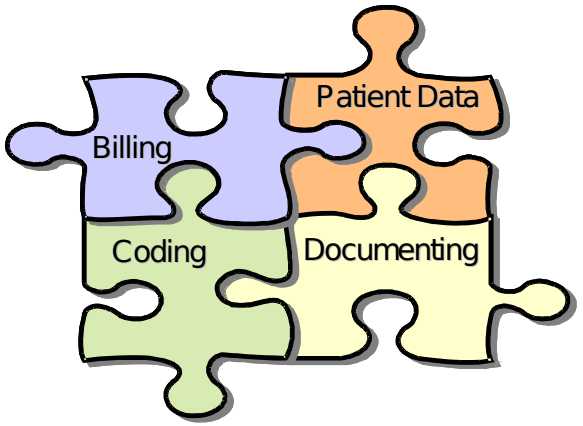
CORE COMPETENCIES

Understand the tools to ensure compliance with your plan (cont) 3 of 3



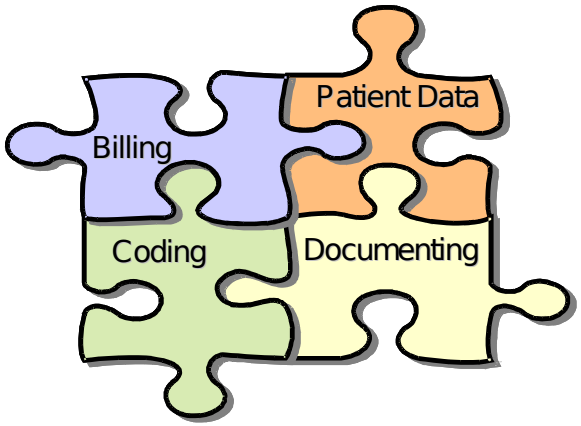
- Track the Case Mix Index
- Reviewed denied claims

Summary



- Know the main elements of a coding compliance plan
- Understand the tools to ensure compliance with your plan

CORE COMPETENCIES

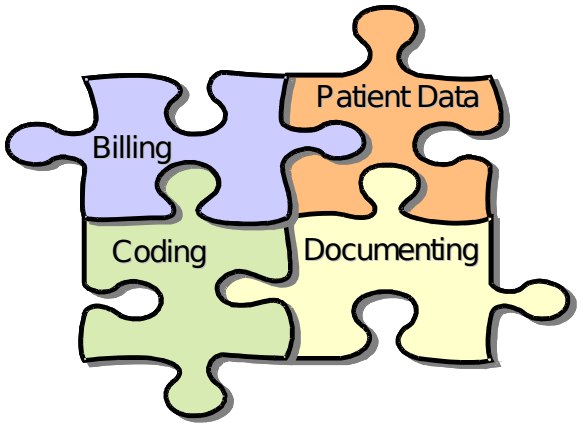


Wrap-Up, Tracks 1/2/3/4

Lt Col Jeanne Yoder
UBO Program Manager
Thursday, 1300, 19 May 2005

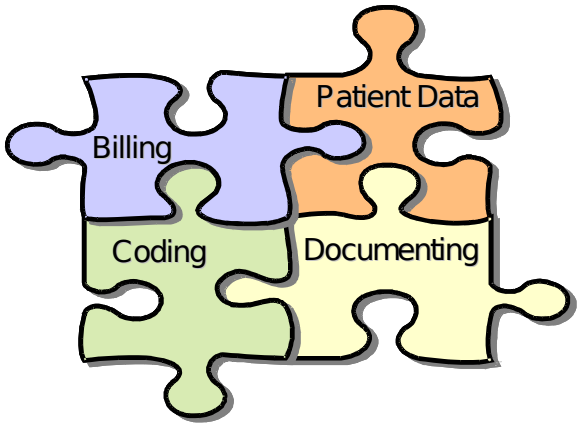
CORE COMPETENCIES

Your Home Work



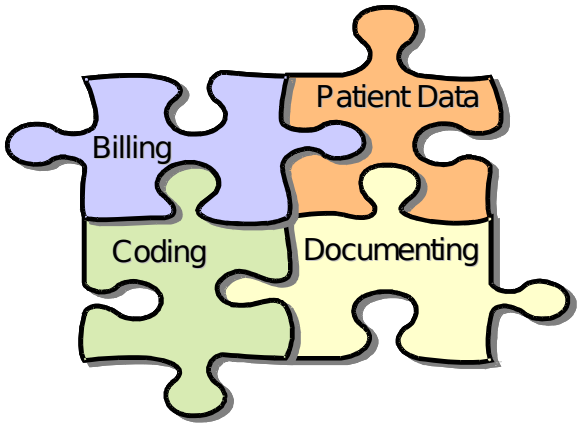
- Review/update your compliance plan
- Training
- Billers – set up meeting with your coders, understand why bills are denied for coding reasons
- Coders – go talk with billers, find out the coding problems, figure out solutions, implement; denied bills are errors you find without needing to audit

The Process – Provider New to Military Treatment Facility (MTF)



- Provider Specialty Code
- HIPAA Taxonomy
- Abbreviations
- Timeliness of completion of documentation/data entry in ambulatory data module (ADM)
- Institutional versus professional
- Introduce the provider to his coder

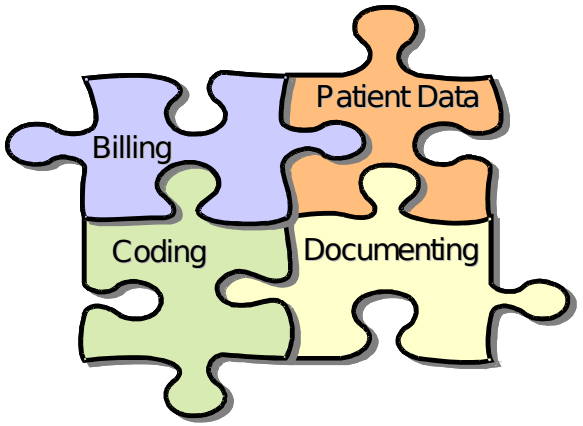
The Process – Sit Down One-On-One With Provider



- Document what you do, not just abnormals
- Document conditions/diseases that impact care
- ICD=diagnosis, medical necessity, reason for services
- CPT/HCPCS=what was done, supplies
  - Don’t get credit unless documented
  - Relative value units (RVUs)

CORE COMPETENCIES

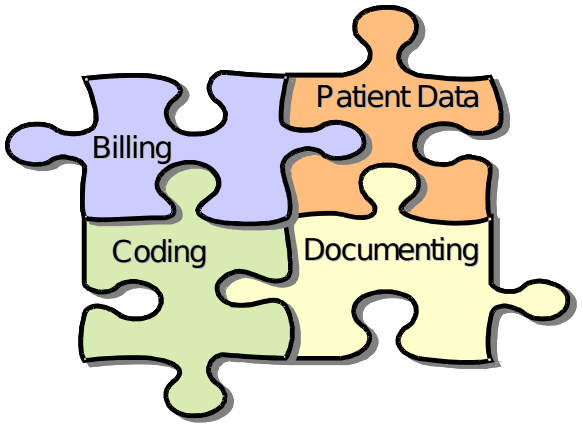
The Process – Sit Down One-On-One With Provider



- **Brief provider on how to document**
- Subjective Objective Assessment Plan
- S=HPI, ROS, P/F/S Hx
- O=Vital Signs, General, Body Systems
- A=What found
- P=What you did/and plan to do (e.g., TREAT FX)

- **Military unique issues**
- DoD Extender Codes
- Telephone Consults
- Services “downtown”
- Labs/Rads/EKGs/ vaccinations, in the clinic or not in the clinic

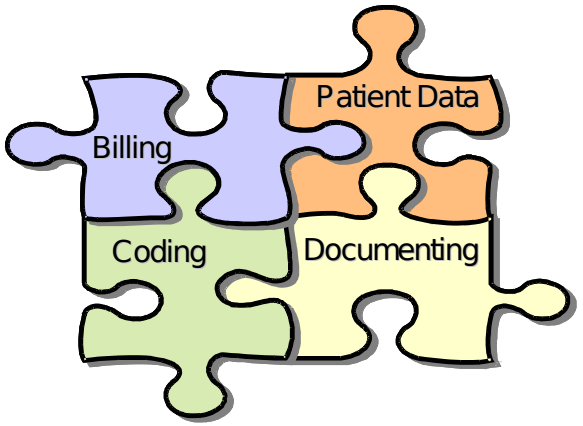
The Process – Sit Down One-On-One With Provider



- What they can dictate (e.g., H&P, operative reports, consults, D/C summary, MEBs)
- What must be in the operative report
- Reviewing and signing dictation, no “SBNR”
- Ours is a decentralized medical record, that the OB, Mental Health and Dental components are usually stored separately

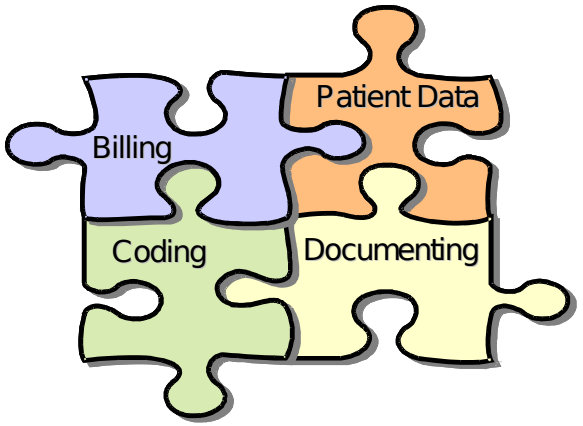
CORE COMPETENCIES

The Process – Sit Down One-On-One With Provider



- Layout of the 4 part medical record
- Documentation on the Summary Sheet counts if Summary Sheet current
- Auto fill function for diagnosis if used (usually only Mental Health and OB), must delete diagnoses not addressed/considered at that encounter
- Auto-negative function in CHCSII, must change if not addressed

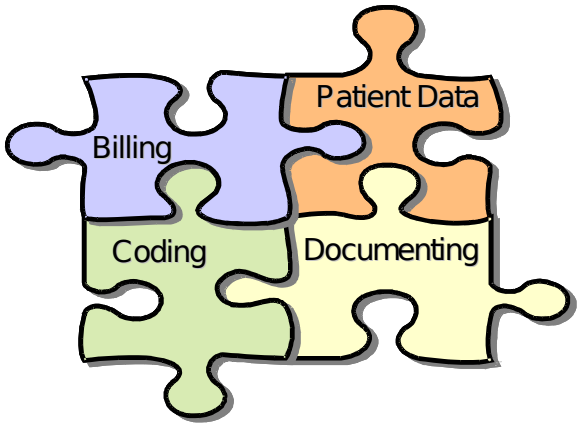
The Process – Sit Down One-On-One With Provider



- Difference between:
  - Consult and referral
  - Office visit and physical
  - New and established patient
  - Conscious sedation, monitored anesthesia care and anesthesia
  - Office visit and optometry/ophthalmology code
  - Telephone consult (workload does count) and telephone call (workload does not count)

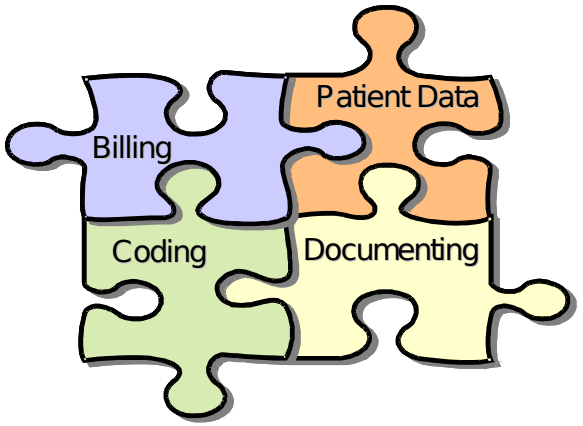
CORE COMPETENCIES

The Process – New Provider One Month Later



- Feedback and answer questions
  - Review audit findings one-on-one with the provider
  - "If you did this, you should have documented it, you would have had a 99213 instead of a 99212…"
  - Need to know right and left, which finger on which hand; need name of nurse helping with conscious sedation; did you replace the cast or not…

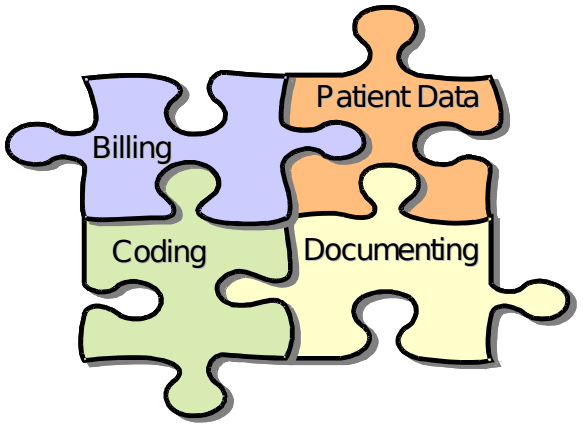
The Process – The Coding Audit



- Always provide individual feedback
  - If there were no findings, let him know, even if it is just a letter “Reviewed 10 of your encounters with no coding errors found.”
- If errors found that could be applicable to multiple specialties, brief at Professional Staff Meeting

CORE COMPETENCIES

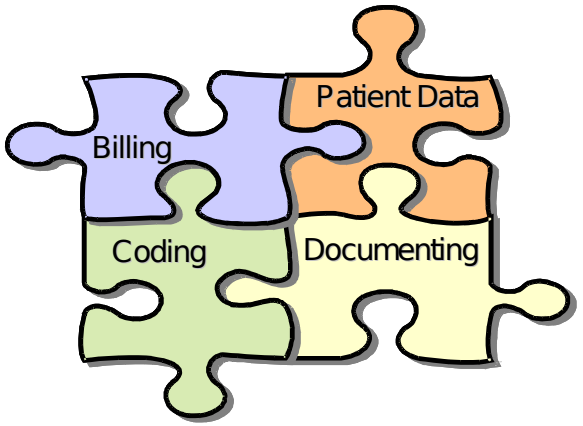
The Process – Brief at Professional Staff



- External Cause Of Injury Coding
- DoD Extenders to include Deployment Related
- Injury Logs, or at least the Injury/Accident flag
- Medical Affirmative Claims records must be back in file at end of duty day

CORE COMPETENCIES

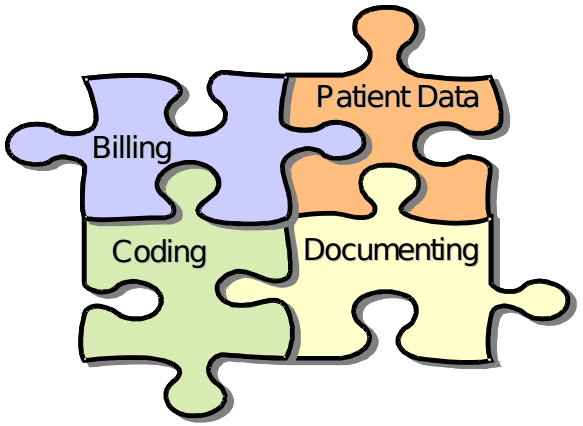
The Process – Patient is New To MTF



- Collect patient data to include DD Form 2569
  - Send form to UBO office for entry into CHCS
- Patient's address and telephone number (check and update every time the patient makes an appointment)
  - Update on DMDC web site

CORE COMPETENCIES

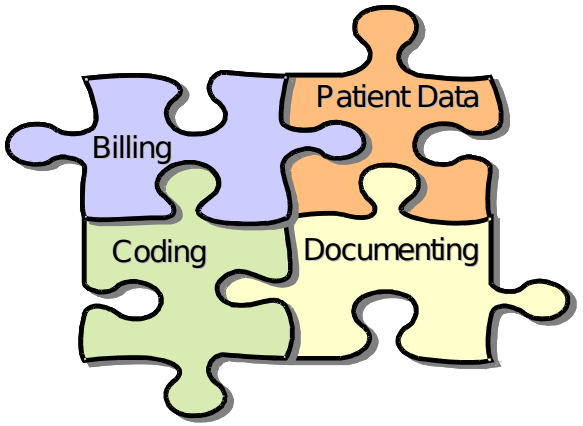
UBU Home Work



- Teach providers how to document
- Teach admission clerks and appointment clerks
  - PATCATs and how to change them for each encounter
  - Injury/Accident flag
- Audits – get the results of external audits from your Service POCs
- Audits – are not complete until there is provider feedback (both positive and how to improve)
- Get 5 minutes every month at Professional Staff for audit findings, new codes, documentation…
- Coding/documentation in-services

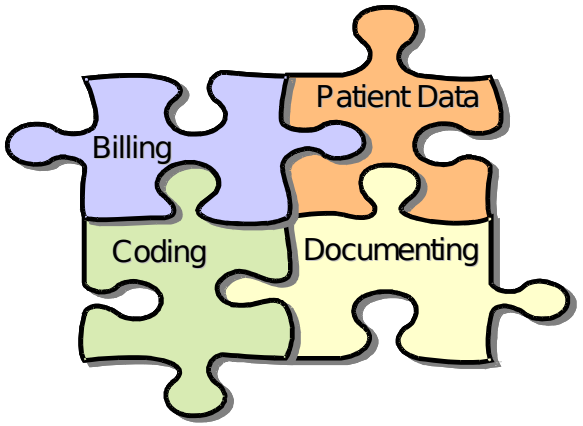
CORE COMPETENCIES

The Process – What Will Generate A Third Party Bill



- NOTHING unless DD 2569 data is in CHCS
- Privileged provider visits, not technician visits
- CHCS Provider Specialty Code 000-901, except 900
- HIPAA taxonomy

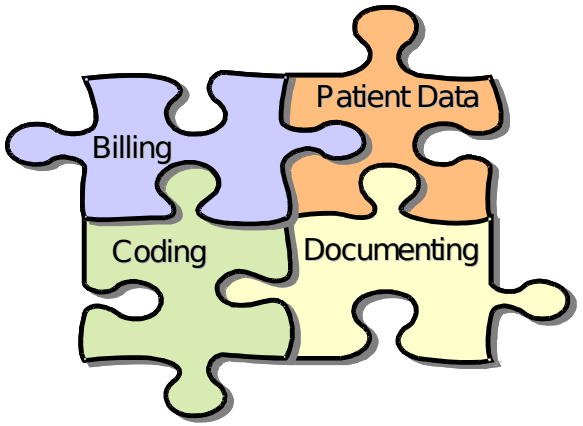
The Process – What Will Generate A Medical Affirmative Claim (MAC)



- Patient care due to injury caused by another party who has insurance, or by the patient who has insurance (e.g., single car accident)
- Injury Log
- Strong MAC program
- Claim data sent to Legal upon completion of care for that injury
- Understand use of ICD E-codes and follow-up codes

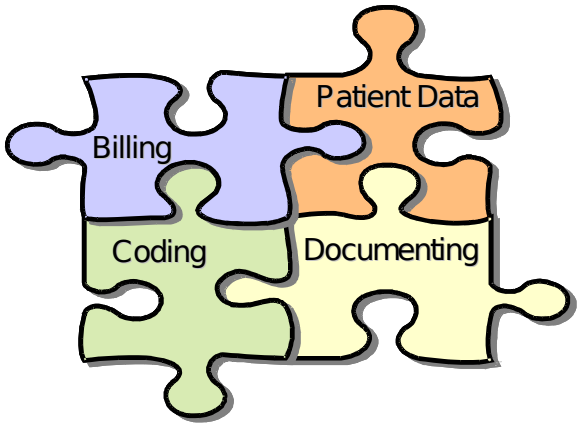
CORE COMPETENCIES

UBO Overview



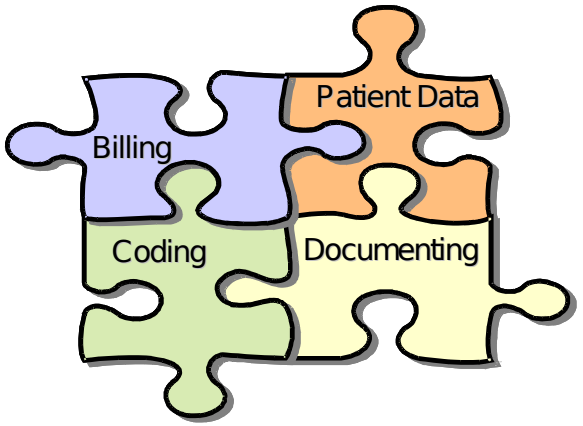
- 3 Major Cost Recovery Programs
  - Third Party Collection (TPC)
  - Medical Services Accounts (MSA)
  - Medical Affirmative Claims (MAC)
- Other Cost Recovery Program
  - Dept of Veterans Affairs Joint Venture

Electronic Billing



- Work with your credentials staff to ensure provider data are correct
- Costs less to process claim electronically
- Know that day if something is missing on the electronic claim
- Remittances faster
- No deductions because of using paper bills

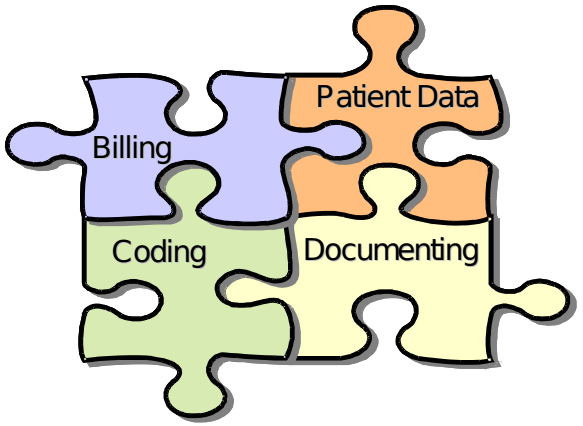
Provider Specialty Code



- Impacts TPC
  - Only generate bills for codes 000-901 (except 900)
  - If no provider specialty code (field left blank) – does not feed to Third Party Outpatient Collection System (TPOCS)
- Enter during provider inprocessing to the MTF and when status changes (e.g., resident to fully privileged provider)
- Work TPOCS edit list EVERY day

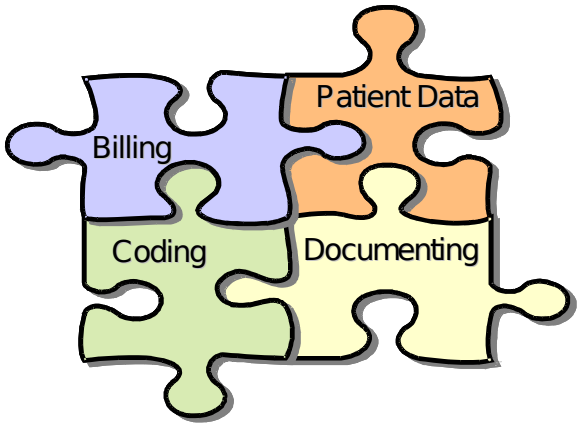
CORE COMPETENCIES

Correct PATCAT Classification



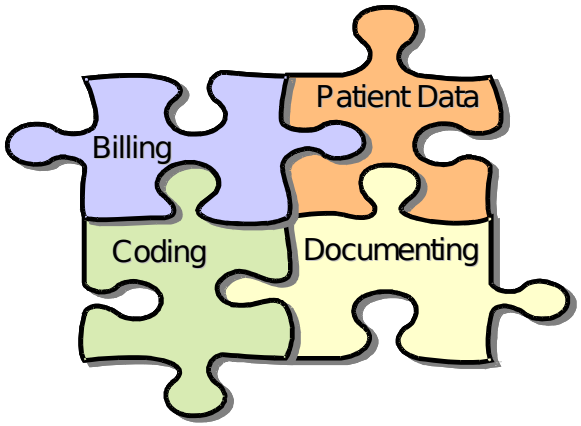
- Impacts Medical Services Accounts (MSA)
- Coast Guard = C, this care is billed back to the Coast Guard IF the PATCAT is correct
- Uniformed Services is more than the Army, Navy, Air Force and Marines
  - NOAA, PHS, Coast Guard
- Patients with multiple benefits
  - VA and DoD; Retired and Occupational Screening; Family Member and Reservist; DoD School and Retire/Family Member…

GAO Audit



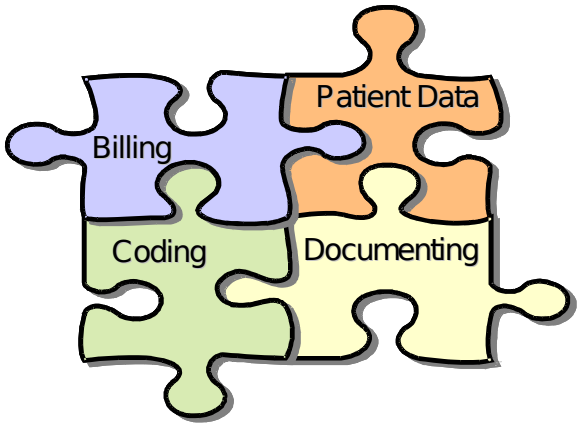
- 20 Feb 2004, MTF: Improvements Needed to Increase DoD Third-Party Collections, page 3, 1st and 2nd sentences
- "The single biggest obstacle to increasing collections, however, is inadequate identification of patients with third-party insurance. DoD does not have effective systems or processes for obtaining and updating insurance information for patients that have other health insurance coverage."

DD Form 2569



- DD Form 2569 - Third Party Collection Program – Record of Other Health Insurance
  - Also used for MSA
  - Current within past 12 months
  - The 2569 must be signed during each inpatient stay and APV visit
  - In outpatient medical record (which is why YOU need to start medical records at YOUR MTF for non-enrollees)
  - In CHCS (how system knows to feed data to TPOCS)

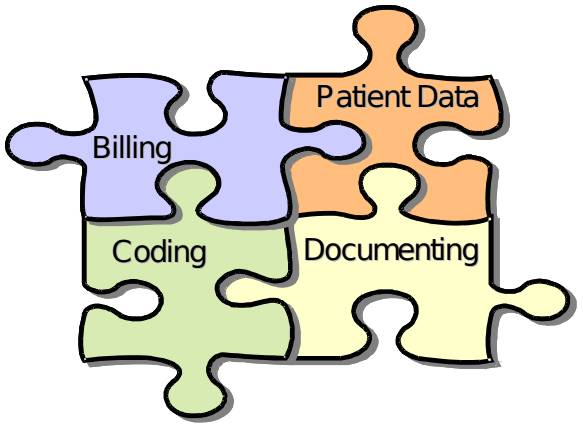
Injury Log



- Impacts Medical Affirmative Claims (MAC)
- Clinics (particularly Emergency Department and primary care clinics) need to identify patient's initial treatment for all injuries
- Clinic staff need to understand importance of using injury log
- Systems Change Request funded to have "Injury/Accident" prompt when making appointment and at patient check-in

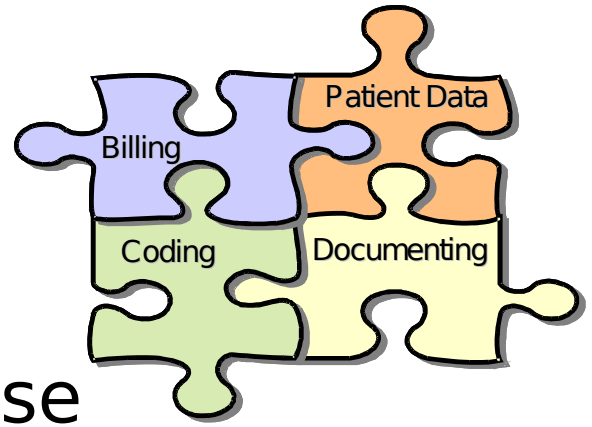
CORE COMPETENCIES

Completed MAC



- If MAC patient is not seen for 30 days
  - Review CHCS for walk-in visits, t-cons, etc
  - Check last documented soaP (plan) for the injury
  - Ask provider if care is complete
- Generate bill and forward to legal

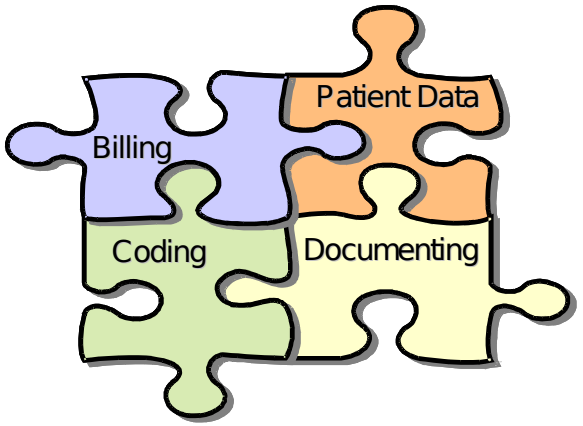
Cosmetic Surgery



- NEW billing method with release of next rates package – contact your Service POC if you do cosmetic surgery billing and did not attend the class
- Impacts Medical Services Accounts (MSA)
- Be sure your clinicians know to send patients scheduled for cosmetic surgery to the MSA office
- Clinician determines if it is cosmetic surgery or reconstructive surgery

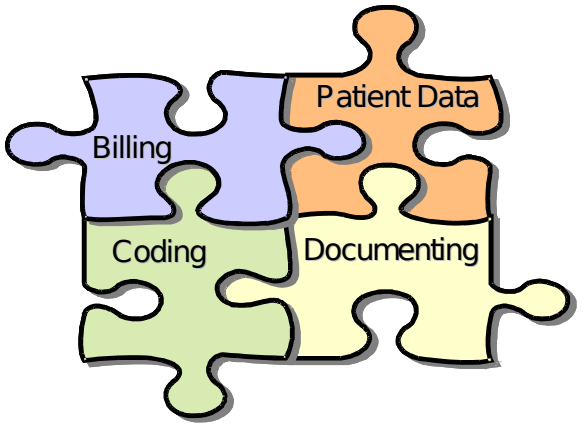
CORE COMPETENCIES

Accounts Receivable



- Impacts TPC, MSA
- Follow-up, follow-up, follow-up
- Congressional TPC Reporting
  - Inpatient: Claims/disposition, 10%
  - Inpatient: Collected to billed, 45%
  - Inpatient: Closed to billed, 60%
  - Outpatient: Collected to billed, 50%
  - Outpatient: Closed to billed, 45%

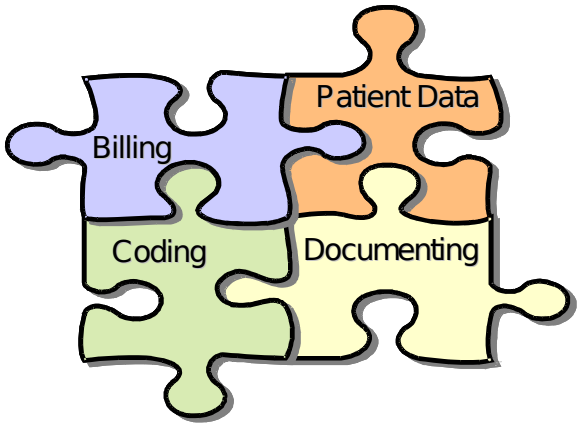
TPOCS Edit List



- Impacts outpatient TPC
- Work it every day
  - Once it is cleaned up, it is easy to keep it cleaned up

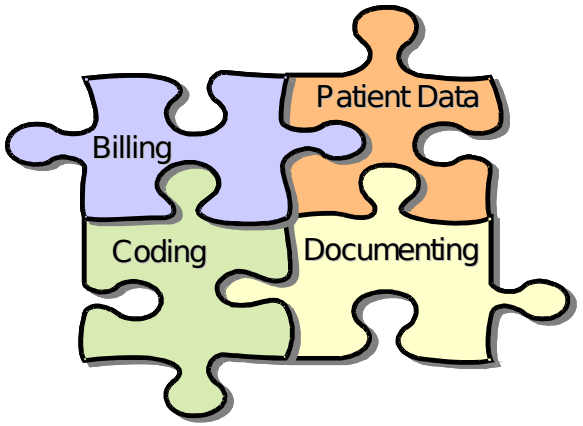
CORE COMPETENCIES

UBO Home Work



- UBO Priority List
- Electronic Billing
- Provider Specialty Code
- PATCAT
- DD Form 2569
- Injury Log
- Forward completed MAC packages to legal
- Accounts Receivable
- TPOCS edit list
- Cosmetic Surgery

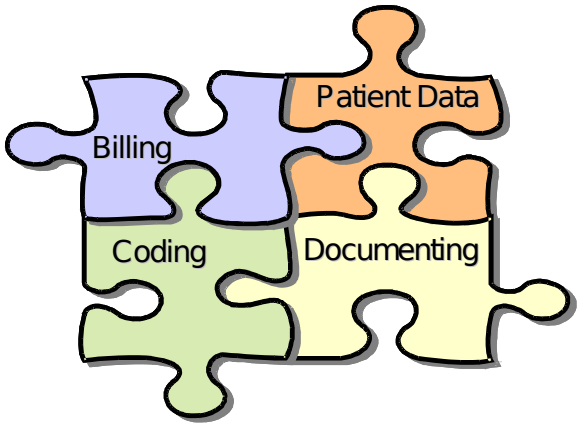
Coding



- Impacts TPC, MSA, MAC
- Review the new MHS Coding Guidance
- http://www.tricare.osd.mil/org/pae/ubu/default.htm
- Document what is done
- Code what is documented

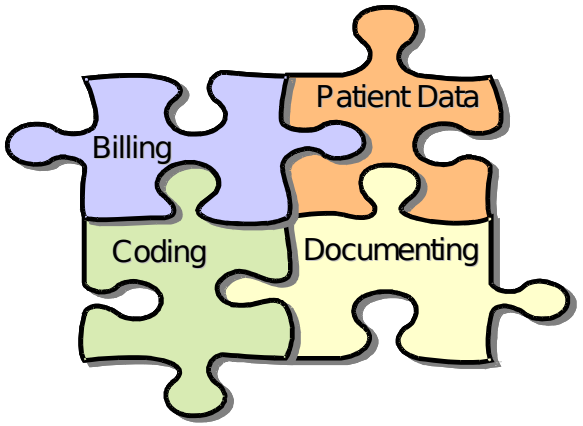
CORE COMPETENCIES

Objective



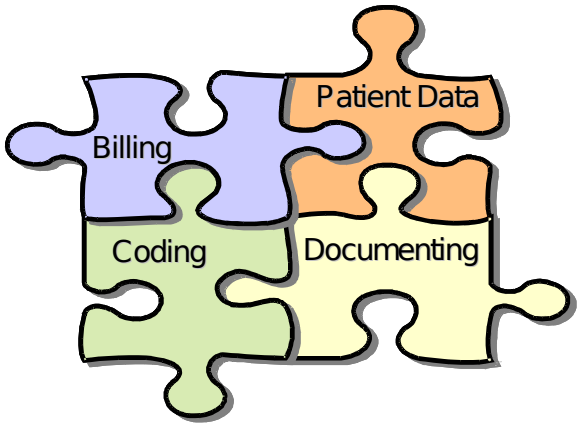
- Know how to increase MTF revenue
  - Provider Specialty codes in CHCS
  - Correct PATCAT codes
  - Cosmetic Surgery
  - DD Form 2569
  - Injury Log
  - Forward completed MAC packages to legal
  - Coding
  - TPOCS edit list
  - Accounts receivable management

Summary



- Review/update your compliance plan
- Training
- Billers – set up meeting with your coders, understand why bills are denied for coding reasons
- Coders – go talk with billers, find out the coding problems, figure out solutions, implement; denied bills are errors you find without needing to audit

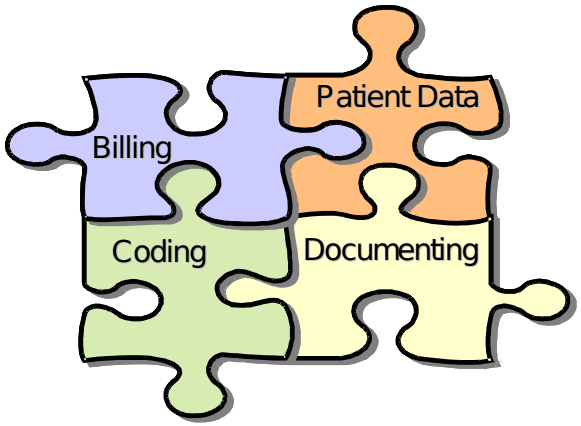
BOTTOM LINE:



- Have a safe trip home
- Share what you have learned

CORE COMPETENCIES

Questions



- Fill out your class comment forms
- Comments improve future classes
- Turn in comment form for a CD with all the class briefings – excellent to use as teaching component of your compliance plan
- At the same time, pick up your course participation form
- Keep your handouts with comments for Continuing Education documentation
- Next class: Service Breakouts